Food Establishment Inspection Report – City/Town of __(Establishment: The Date: HUDGE Page 1 of Time out: 12:45 Address: Time in: */2 :0ら* Telephone: Permit No .: Number of Violated Provisions Related to Foodborne Illness Risk Factors Owner: and Interventions (Items 1 through 29): Person-in-charge: Ton Bak Number of Repeat Violations Related \bigcirc to Foodborne Illness Risk Factors Inspector: and Interventions (Items 1 through 29): FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation Compliance Status IN OUT N/A N/O COS R IN OUT N/A N/O COS R Compliance Status Supervision Protection from Contamination Person-in-charge present, demonstrates 15 Food separated and protected knowledge, and performs duties Food-contact surfaces; cleaned & 16 2 Certified Food Protection Manager sanitized **Employee Health** Proper disposition of returned, 17 previously served, reconditioned & Managément, food employee and unsafe food 3 conditional employee; knowledge, responsibilities and reporting Time/Temperature Control for Safety 4 Proper use of restriction and exclusion 18 Proper cooking time & temperatures Procedures for responding to vomiting Proper reheating procedures for hot and diarrheal events holdina **Good Hygienic Practices** 20 Proper cooling time and temperature Proper eating, tasting, drinking, or 21 Proper hot holding temperature tobacco use 22 Proper cold holding temperature No discharge from eyes, nose, and 23 Proper date marking and disposition mouth 24 Time as a Public Health Control **Preventing Contamination by Hands Consumer Advisory** Hands clean & properly washed Consumer advisory provided for raw / No bare hand contact with ready-to-eat undercooked food food **Highly Susceptible Populations** Adequate handwashing sinks properly Pasteurized foods used; prohibited foods supplied and accessible not offered **Approved Source** Food/Color Additives and Toxic Substances 11 Food obtained from approved source Food additives: approved & properly 12 Food received at proper temperature lused Food received in good condition, safe, & Toxic substances properly identified, lunadulterated stored & used Required records available: shellstock **Conformance with Approved Procedures** tags, parasite destruction 29 Compliance with variance / specialized process / HACCP Plan Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or nonrenewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B). Date of Reinspection: Discussion with Person-in-Charge:

Form 734A-1 A.M. Sulkin Co., Charlestown, MA

Food Establishment Inspection Report – City/Town of Uxbridge

| | | • | • | | | | | |
|--------------------|------------------------|--------------------|----------------------|----------------|--------------|-----------------|----------------------|-------------|
| Establishment: | The Fuerge | Lady | | Date: | /19/ | 22 | Page 2 of | |
| | GOOD RETA | AIL PRACTICES | AND MASSACHU | JSETTS-ONL | Ý SECTI | ONS | | * ********* |
| IN = in compliance | OUT= out of compliance | N/O = not observed | N/A = not applicable | COS = correcte | d on-site du | ring inspection | R = repeat violation | |

| | Compliance Status | IN | оит | N/A | N/O | cos | R |
|----|---|-------|-----|------------|-----|---|---|
| | Safe Food and Water | | | | | | |
| 30 | Pasteurized eggs used where required | | | | | | |
| 31 | Water & ice from approved source | | | | | | |
| 32 | Variance obtained for specialized processing methods | | | | | | |
| | Food Temperature Contr | ol | | | | | |
| 33 | Proper cooling methods used; adequate equipment for temperature control | | | | | *************************************** | |
| 34 | Plant food properly cooked for hot holding | | | | | | |
| 35 | Approved thawing methods used | | | mo1112-00- | | | |
| 36 | Thermometers provided & accurate | | | | | | |
| | Food Identification | | | | | | |
| 37 | Food properly labeled; original container | | | | | | |
| | Prevention of Food Contamir | natic | n | | | | |
| 38 | Insects, rodents, & animals not present | | | | | | |
| 39 | Contamination prevented during food preparation, storage and display | | | | | | |
| 40 | Personal cleanliness | | | | | | |
| 41 | Wiping cloths: properly used & stored | | | | | | |
| 42 | Washing fruits & vegetables | | | | | | |
| | Proper Use of Utensils | | | | | | |
| 43 | In-use utensils properly stored | | | | | | |
| 44 | Utensils, equipment & linens: properly stored, dried, & handled | | | | | | |
| 45 | Single-use / single-service articles: properly stored & used | | X | | | | |
| 46 | Gloves used properly | | | | | | |
| | Utensils, Equipment and Ver | ıdin | g | | | | |
| 47 | Food & non-food contact surfaces cleanable, properly designed, constructed & used | | | | | | |

| appıı | cable COS = corrected on-site during inspection | on | R = : | repe | at v | iolati | on |
|----------|--|------|-------|------|------|---------|--------------|
| | | | | | | | |
| | Compliance Status | IN | ОИТ | N/A | N/O | cos | R |
| 48 | Warewashing facilities: installed, | | | | | | |
| | maintained, & used; test strips | | | | | | |
| 49 | | | | | | | |
| | Physical Facilities | | | | | | |
| 50 | Hot & cold water available; | | X | | | | |
| | adequate pressure | | ^ | | | | |
| 51 | Plumbing installed; proper backflow | | | | | | |
| | devices | | | | | | |
| 52 | disposed | | | | | | |
| 53 | Toilet features: properly constructed, supplied, & cleaned | | | | | | |
| F. | Garbage & refuse properly | | | | | | |
| 54 | disposed; facilities maintained | - | | | | | |
| 55 | Physical facilities installed, | | | | 1 | | |
| 30 | maintained, & clean | | | | | | |
| 56 | Adequate ventilation & lighting; | | | | | | |
| 11111111 | designated areas used | - | | | | | 57505575750 |
| | Additional Requirements listed in 105 | CIV | IR 5 | 90.0 | 11 | | |
| M1 | Anti-choking procedures in food | | | | | | |
| 1.00 | service establishment | | | | | | |
| MZ | Food allergy awareness | | | | | 9000000 | Table 11 (S) |
| 95500 | Review of Retail Operations listed in 10 |)5 C | MR | 590 | 010 | | |
| | Caterer | | | | | | |
| | Mobile Food Operation | | | | | | |
| | Temporary Food Establishment | | | | | | |
| M6 | Public Market; Farmers Market | | | | | | |
| M7 | Residential Kitchen; Bed-and- Breakfast Operation | | | | | | |
| M8 | Residential Kitchen: Cottage Food Operation | | | | | | |
| WS | School Kitchen: USDA Nutrition | | | | | | |
| M1 | Leased Commercial Kitchen | | | | | | |
| M1 | Innovative Operation | | | | | | |
| 250 | Local Requirements | | | | | | |
| L1 | Local law or regulation | | | | | | |
| L2 | Other | | | | | | |
| | | | | | | | |

| Type of Operation(s): | Type of Inspection: | Other Information: |
|------------------------------|-------------------------|--------------------|
| Food Service Establishment | Routine | |
| ☐ Retail Food Store | ☐ Re-inspection | |
| ☐ Residential: Cottage Foods | ☐ Pre-operational | |
| ☐ Residential; Bed & | ☐ Illness investigation | |
| Breakfast | ☐ General complaint | |
| ☐ Mobile/Pushcart | ☐ HACCP | |
| ☐ Temporary Food Estab. | □ Other | |
| ☐ Other | | |

Signature of Person-in-Charge:

Signature of Inspector:

Form 734A-2 A.M. Sukin Co., Charlestown, MA

Date:

Food Establishment Inspection Report - City/Town of Uxbnidge

Establishment: The Fudge Lady Date: 1/19/22 Page 2 of 3

| Item / Logation | Temp (°F) | Item / Location | Temp (°F) | Item / Location | Temp (°F |
|-----------------|-----------|-----------------|-----------|-----------------|----------|
| Floge fridge | 36 | | | | |
| 1 | | | | | |
| | | | | | |
| | | | | | |

| | | Observations and/or Corrective Actions | |
|----------------|-------------------------|---|--------------------|
| 11 | Violations cited | in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food | Code |
| Item Number | Section of Code | Description of Violation | Date to Correct By |
| | <u>*</u> | using simple green for food contact | |
| | | | uses clar |
| 10 | W 902 11 | would use bleach for food source surface | ces when |
| 45 | 12103.11 | Keep single use items at least bin | |
| | (A,C) | off the ground. | |
| 51. | 6-202.13. | PK com constitute a commentant come | المصال |
| 01, | υ ω- j-1 - - | PIC says sonitizer compartment occas | 30 Jay 5 |
| | | ears, stay | 30 0 ay |
| 50. | 5-103.11 - | Bathroom sink leaks, can not use hot u | roter in |
| | | BR. | 30 days |
| | X | property manager 7 Hills. | |
| | | , | |
| | <u>></u> | Unit has no coa smake alarms | |
| | | will notify fire department. | |
| | | The same hall it is in a large of same | |
| | | + please notify inspector/department | 7 |
| | | about mintenance. | |
| | | | |
| | | | |
| | | | |
| , | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | 1/ 1/ |
|--------------------------------------|---------------|
| Signature of Person-in-Charge: | Date: 1/19/27 |
| Signature of Inspector: | Date: ///9/02 |
| Hamily Edment) | 11111100 |
| Form 73/18 AM Sulking Charlestown MA | • • |